



FEB 27 2012

Please type or print in ink.

2012 FEB 28 PM 3:24

NAME OF FILER

HILL

(FIRST)

JERRY

BY:

MIDDLE  
A.V.

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Your Position

California State Assemblymember, District 19

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed February 23, 2012  
(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

HILL, JERRY A.

## ▶ NAME OF BUSINESS ENTITY

Apple Corporation\*\*

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Consumer Electronics

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

1 / 14 / 11

/ / 11

ACQUIRED

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Apricus Biosciences, Inc.\*\*

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Drug Delivery Technologies

## FAIR MARKET VALUE

☒ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

1 / 14 / 11

/ / 11

ACQUIRED

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 11

/ / 11

ACQUIRED

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 11

/ / 11

ACQUIRED

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 11

/ / 11

ACQUIRED

DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

/ / 11

/ / 11

ACQUIRED

DISPOSED

Comments: \*\* Stocks are the sole and separate property of my spouse.

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____
HILL, JERRY A.

<b>1. BUSINESS ENTITY OR TRUST</b>	
Hill's Pool Service, Inc.	
Name 23 Edwards Court, Burlingame, CA 94010	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> Pool Maintenance Services	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/11    ____/_____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Other _____	
YOUR BUSINESS POSITION <u>President/Shareholder</u>	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> OVER \$100,000 <input type="checkbox"/> \$1,001 - \$10,000	
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)</b>	
<u>See attached listing (one page)</u>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/11    ____/_____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name _____	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/11    ____/_____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ Other _____	
YOUR BUSINESS POSITION _____	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> \$1,001 - \$10,000	
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)</b>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/11    ____/_____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

2011  
**HILL'S POOL SERVICE, INC.**  
**FORM 700 SCHEDULE A-2 ATTACHMENT**  
**PAGE 1 OF 1**

<b>Name</b>	<b>Name</b>
170 OFF THIRD OWNERS ASSOC.	WATERMARK H.O.A.
ACADEMY OF ART UNIV.	WHALERS ISLAND H.O.A.
ALICE WALLACE	WOODLAKE ASSOCIATION
BAY CONTRUCTION	
CARILLON TOWERS	
CLUB ONE AT FILLMORE CTR	
CLUB ONE - CITY CENTER	
CLUB ONE PACIFIC SHORES	
CLUB ONE - UNION SQUARE	
CRYSTAL SPRINGS TERRACE	
DA VINCI VILLA	
DIAMOND HEIGHTS VILLAGE	
EL RANCHO SUITES	
EUGENE SKALNYI	
FONTANA WEST	
GOLDEN GATEWAY CLUB	
HOTEL MONACO	
INTERCONTINENTAL HOTEL	
JANET POMEROY CENTER	
JCC OF SAN FRANCISCO	
LAKEWOOD APARTMENT'S	
LEGION OF HONOR	
MANOR HOA	
MARK SINCLAIR	
MERCY HIGH SCHOOL	
MILLBRAE SWIM CLUB	
MILLENNIUM TOWERS	
NP INVESTMENT	
ONE RINCON HILL	
OPERA PLAZA	
PENINSULA PLACE	
PINE GOUGH APTS.	
PORT ROYAL MASTER ASSOC.	
RICHARD A. GAMLEN	
RVC INC.	
SALVATION ARMY	
SHANE BUSCH	
SHARON HEIGHTS GOLF COURSE	
SOMA GRAND C/O TITAN MGMT	
SEQUOIA HIGH SCHOOL DISTRICT	
ST. IGNATIUS COLLEGE PREP	
STARWOOD HOTEL	
THE BEACON H.O.A.	
THE HOT TUBS	
TRAVELODGE	
TREASURE ISLE H.O.A.	
TRINITY PROPERTIES	
UDR - HIGHLANDS OF MARIN	
VAFA KORDESTANI	
VICTORIA MEWS - CITISCAPE MGMT	

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>HILL, JERRY A.</b>

<b>► 1. BUSINESS ENTITY OR TRUST</b>	
<b>The Estheticians Skin Care Center**</b>	
Name <b>315 N. San Mateo Drive, San Mateo, CA 94401</b>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> <b>Skin Care</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <b>NONE</b>	

<b>► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input checked="" type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>
N/A

<b>► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>► 1. BUSINESS ENTITY OR TRUST</b>	
<b>Spa Luxe**</b>	
Name <b>272 Redwood Shores Pkwy, Redwood City, CA 94065</b>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> <b>Spa Services</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <b>None</b>	

<b>► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input checked="" type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>
N/A

<b>► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: **\*\*Businesses are the sole & separate property of spouse**

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
<u>HILL, JERRY A.</u>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
725 Occidental Avenue

CITY  
San Mateo, CA 94402

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 11  
☐ \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 11  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☒ Over \$1,000,000

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Emiko Higashi

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
51 East Court Lane\*\*

CITY  
Foster City, CA 94404

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 11  
☐ \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 11  
☒ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Bruce & Melody Ho

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \*\* 51 East Court Lane is the sole and separate property of my spouse.

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

HILL, JERRY A.

► STREET ADDRESS OR PRECISE LOCATION

100 Hearst Avenue

CITY

San Francisco, CA 94131

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

       /        / 10  
ACQUIRED

       /        / 10  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Carmen Gaylan

► STREET ADDRESS OR PRECISE LOCATION

205-215 Coombs Street

CITY

Napa, CA 94559

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

       /        / 10  
ACQUIRED

       /        / 10  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Michelle Baker\* & Kimberly Bailey\*

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: \*Payments made through Crown Property Management

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>HILL, JERRY A.</u>
--

► NAME OF SOURCE  
California Healthcare Institute

ADDRESS (Business Address Acceptable)  
888 Prospect St #220, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Biomedical Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 118.01</u>	<u>Dinner at BioMed</u>
<u>   /   /   </u>	<u>\$      </u>	<u>Innovation Night</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

► NAME OF SOURCE  
California Democratic Party

ADDRESS (Business Address Acceptable)  
1401 21st St, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	<u>\$ 117.09</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

► NAME OF SOURCE  
CA Council on Science & Technology

ADDRESS (Business Address Acceptable)  
5005 LaMart Dr. Riverside, CA 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 15 / 11</u>	<u>\$ 86.02</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

► NAME OF SOURCE  
Bay Bio

ADDRESS (Business Address Acceptable)  
400 Oyster Point Bl #221, South San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Life Sciences Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 118.01</u>	<u>Dinner at BioMed</u>
<u>   /   /   </u>	<u>\$      </u>	<u>Innovation Night</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

► NAME OF SOURCE  
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)  
777 S. Figueroa St #4050, Los Angeles CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	<u>\$ 10.00</u>	<u>Beverage</u>
<u>2 / 9 / 11</u>	<u>\$ 84.30</u>	<u>Jacket</u>
<u>3 / 29 / 11</u>	<u>\$ 116.36</u>	<u>Gavel</u>

► NAME OF SOURCE  
Johnson & Johnson Services, Inc.

ADDRESS (Business Address Acceptable)  
1215 K Street #2040, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 2 / 11</u>	<u>\$ 105.22</u>	<u>Reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

Comments: \_\_\_\_\_



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name HILL, JERRY A.
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► NAME OF SOURCE  
TechAmerica

ADDRESS (Business Address Acceptable)  
601 Pennsylvania Ave NW Washington DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 17 / 11	\$ 101.13	Dinner
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

HILL, JERRY A.

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street

CITY AND STATE

Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Nonprofit Organization

DATE(S): 12 / 12 / 11 - 12 / 14 / 11 AMT: \$ 160.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street

CITY AND STATE

Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Nonprofit Organization

DATE(S): 8 / 18 / 11 - 8 / 19 / 11 AMT: \$ 120.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

TechNet, the Technology Network

ADDRESS (Business Address Acceptable)

855 El Camino Real, Suite 250

CITY AND STATE

Palo Alto, CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Technology Trade Association

DATE(S): 12 / 16 / 11 - 12 / 16 / 11 AMT: \$ 75.23  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_